## PLEASE READ ALL INSTRUCTIONS DEFORE COMPLETING THIS FORM.

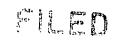
## **LIMITED LIABILITY** COMPANY REINSTATEMENT

**DOCUMENT#** 1. Limited Liability Company's Name



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS



13 MAY 13 AH II: 24

ALLAHASSEE FLORIDA

Harrison Tractor & Hauling Services (L10000056095)					REINSTATEMENT		
1728 N. Riverdale Rd Po. I			Mailing Office Address  1. Box 6885  1. Apt #, etc		CR2E041 (1/11)  4. State/Country of Formation  5. Date Organized or Qualified QC5/24/2040		
City & State Avon Zip	Park, FL	City & State AVOIT Park, FL Zip Country			To Do Business in Florida 05/24/2010  6		
3382	5 U.S.	33826	U.S.				Additional Fee required a Certificate of Status
8. Name and Address of Current Registered Agent Name Johnny D. Harrison Jr Street Address (P.C. Box Number is Not Acceptable) 1728 N. Riverdale Rd Suite Apt. #, Etc.					E-mail Address: 000247954780 05/15/1301017001 **521.25		
City		State Zip Code			ontractorap@gmail.com		
Avon Park, FL   33825  9. 1. being appointed the registered agent of the above named limited liability company, am familiar with and a					(To be used for future annual report notices)		
Signature of Registered Agent Market Signature of Signatu					Date 04/08/2013		
10. Nam	es and Street Addresses of Managing Mo						
Titles	Name/of Managing Members/ Managers		Street Address of Each Managing Member/ Manager			City / State / Zip	
MGR	Johnny D Harrison Jr 1		1728 N. Riverdale Rd		Avon Park / 33825		
MGRM	Johnny D Harrison Sr		1728 N. Riverdale Rd		Avon Park / 33825		
						MAY 1 3 3	Z01 <b>3</b>
ļ						S. PRAT	THER
11. It certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware triatialise information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.  Signature of Managing  Member/Manager  Date  04/08/2013  Daytime Phone #  863-449-0114  Typed or printed trame of signing Managing Member/Manager  Johnny D Harrison Jr							